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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Plainsman		2. DATE 9-28-2020
3. FREQUENCY OF ISSUE Daily	3A. NO. OF ISSUES PUBLISHED ANNUALLY 291	3B. ANNUAL SUBSCRIPTION PRICE $ 185.35
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 49 3rd St SE / PO Box 1278 Huron, Beadle, SD 57350		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 49 3rd St SE / PO Box 1278 Huron, SD 57350		
6. FULL NAME OF PUBLISHER: Mark Davis		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: News Media Corporation — COMPLETE MAILING ADDRESS: 211 Hwy 38E Rochelle, IL 61068		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. American Bank + Trust 1820 Dakota Ave S Huron, SD 57350		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	5604	5755
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	1931	2028
2. Mail Subscription (Paid and or requested)	2356	2333
3. Paid Electronic Copies	182	182
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	4469	4543
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	602	564
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	168	168
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	5239	5275
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	300	400
2. Return from News Agents	65	80
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	5604	5755

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Beadle)

Sworn to before me this 28 day of Sept, 20 20

Notary Public

My commission expires: 3-11-22

(Seal)

Form: SOS REC 051 9/2016

John C Tompkins 211 Hwy 38 E Rochelle, IL 61068
R Michael Tompkins 211 Hwy 38 E Rochelle, IL 61068